

07/15/03
18304 U.S. PTO

PATENT
Attorney Docket No.: UM-08199

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

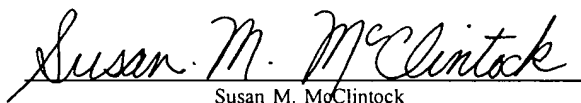
15535 U.S. PTO
10/619809
07/15/03

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Donna L. Livant for **Methods and Compositions for the Enhancement of Wound Healing**.

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the U.S. Postal Service on this date **July 15, 2003** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **EV 329 479 100 US** addressed to: **Box Patent Application**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Susan M. McClintock

1. **Type Of Application**
This new application is for a(n)
☒ Original (nonprovisional)
2. **Papers Enclosed That Are Required For Filing Date Under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application**
24 Pages of Specification
3 Pages of Claims
1 Page of Abstract
7 Sheets of Formal Drawings
3. **Declaration**
☒ Enclosed
☒ Unexecuted.
4. **Inventorship Statement**
The inventorship for all the claims in this application is:
☒ the same
5. **Language**
☒ English
6. **Fee Calculation (37 C.F.R. § 1.16)**
☒ Regular application

CLAIMS AS FILED

	Number Filed	Number Extra	Rate	Basic Fee - \$750.00 (37 C.F.R. § 1.16(a))
	Total Claims (37 C.F.R. § 1.16(c))	24 - 20 =	4 × \$18.00 =	\$72.00
	Independent Claims (37 C.F.R. § 1.16(b))	2 - 3 =	0 × \$84.00 =	\$0.00
	Multiple Dependent Claim(s), if any (37 C.F.R. § 1.16(d))	+ \$280.00 =		\$0.00
Filing Fee Calculation				\$822.00
7.	Small Entity Statement(s)			
	<input checked="" type="checkbox"/> Verified Statement(s) that this is a filing by a small entity under 37 C.F.R. §§ 1.9 and 1.27.			
Filing Fee Calculation (50% of above)				\$411.00
8.	Fee Payment Being Made At This Time			
	<input checked="" type="checkbox"/> Enclosed			
	<input checked="" type="checkbox"/> basic filing fee			
Total Fees Enclosed				\$411.00

9. **Method of Payment of Fees**

☒ Check in the amount of \$411.00

10. **Authorization To Charge Additional Fees and Credit Overpayment**

☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No.: 08-1290. An originally executed duplicate of this transmittal is enclosed for this purpose.


11. **Power of Attorney by Assignee**

☒ Enclosed (unexecuted)

12. **Return Receipt Postcard**

☒ Enclosed

Dated: July 15, 2003


David A. Casimir
Registration No.: 42,395

MEDLEN & CARROLL, LLP
101 Howard Street, Suite 350
San Francisco, California 94105
608/218-6900

☒ **Statement Where No Further Pages Added**

☒ This transmittal ends with this page.